| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966734** | **10/13/2014** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **B & B Home Care Iii** | **11960 Sw 172 Street Miami, FL 33177** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - / S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

A Standard Biennial survey was conducted on . B & B Home Care III had deficiencies found at time of the survey.

**0008-Admissions - Health Assessment 58A-5.0181(2) FAC**

Based on record review and interview the facility failed to have a completed Health Assessment for 1 out of 6 sampled residents (Resident #3).

The findings include:

Record review for sampled Resident #3 (admitted ) conducted on found no completed health assessment form (AHCA Form 1823).

During an interview on at 2:30 PM, the facility administrator stated that in-fact the examining physician had not completed the health assessment for Resident #4.

Class III

**0056-Medication - Labeling and Orders 58A-5.0185(7) FAC**

Based on record review and interview, the facility failed to ensure all the resident's medications were filled in a timely manner for 1 out of 6 resident (Resident #1).

The findings included:

During medication reconciliation on was known that Resident #1 did not have medications available in the facility. He was ordered 30 mg, 1 tablet at bedtime and 20 mg, 1 tablet daily.

During an interview on at 2:30 PM, the facility administrator stated the pharmacy is waiting for his relative to pay for his medications.

Class III

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**0078-Staffing Standards - Staff 58A-5.019(2) FAC**

Based on record review and interview, the facility failed to maintain evidence of that 1 out of 4 staff (Staff C, caregiver) have a negative examination on a annual basis as well as ensure 1 out of 4 sampled staff (Staff B, manager) have written statement documenting the individual does not have any signs or symptoms of communicable .

The findings included:

Observation made during the course of the survey on revealed that Staff C was providing personal services to residents.

Staff record review showed that Staff C (caregiver) did not have annually documented proof of freedom from . The last statement on file for Staff C was dated . Further review showed Staff B (hired on ) did not have documentation from a health care provider that he did not have any signs or symptoms of a communicable including .

During an interview on at 2:30 PM, the facility administrator stated that Staff B and C had documentation of freedom from but it was not in their records at the facility.

Class III

**0082-Training - / 58A-5.0191(3) FAC**

Based on interview and record review, the facility failed to provide documentation of providing an education course on and for 1 out of 4 sampled employees (D).

The findings include:

Staff record review did not have documentation that Staff D (hired ) completed the one-time course in and .

During an interview on at 2:30 PM, the facility administrator stated that Staff D did not receive and training.

Class III

**0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC**

Based on record review and interview the facility failed to provide 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF for 1 out of 4 sampled staff.

The findings include:

Record review for Staff C (caregiver) had no documentation that she received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an

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ALF. Staff C training expired on .

During an interview on at 2:30 PM, the facility administrator stated that Staff C assists the residents with self-administered medications and had medication training but it was not in her record at the facility.

Class III

**0093-Food Service - Dietary Standards 58A-5.020(2) FAC**

Based on observations and interview the facility failed to ensure planned menus shall be conspicuously posted or easily available to residents.

The findings include:

Observation on at 9:15 AM showed the facility did not have a menu posted.

During an interview on at 2:30 PM, the facility administrator confirmed that the menu was not posted anywhere in the facility.

Class III

**0160-Records - Facility 58A-5.024(1) FAC**

Based on observation, record review and interview the facility failed to have proof of a satisfactory annual fire inspection and health inspection.

The findings include:

Observation on at 9:20 AM showed a fire inspection dated posted in the bulletin board. There was no health inspection posted in the facility.

Review of facility's records showed that there was not current satisfactory fire inspection and health inspection for review during the survey.

During an interview on at about 2:30 PM, the facility administrator stated that the facility has a current fire inspection and sanitation inspection but the documents were not in the facility at the time of the survey.

Class III

**L241-LMH - Records 58A-5.029(2) FAC**

Based on record review and staff interview the facility failed to ensure that a Community Living Support Plan and Agreement was provided for 5 out of 6 sampled residents (Resident #1, 3, 4, 5 and 6).

The findings include:

Resident record review showed that Resident #1 was admitted on and diagnosed with by

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the physician; Resident #3 was admitted on and diagnosed with by the physician; Resident #4 was admitted on and diagnosed by the physician; Resident #5 was admitted on and diagnosed with by the physician; Resident #6 was admitted on and diagnosed with by the physician. There was no Community Living Support Plan and Agreement on file for Resident #1, 3, 4, 5 and 6.

During an interview on at 2:30 PM, the facility administrator stated that Resident #1, #3, #4, #5 and #6 did not have Community Living Support Plan and Agreement on file for review.

Class III

**L243-LMH - Training 58A-5.0191(8) FAC**

Based on record review and interview, the facility failed to maintain documentation of having completed at least 3 hours training of Limited Mental Health continuing education for 2 out of 4 facility staff (Staff A and C).

The findings include:

Record review for Staff A and C had no documentation of a minimum of having completed at least 3 hours training of Limited Mental Health continuing education.

During an interview on at 2:30 PM, the facility administrator stated that she and Staff C had a minimum of 3 hours training of Limited Mental Health continuing education but it was not in their records at the facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
B & B Home Care Iii
11960 Sw 172 Street
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

**Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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